ALLOCATE

Mechanising assurance: a case study University Hospitals of Morecambe Bay NHS Foundation Trust

University Hospitals of Morecambe Bay NHS Foundation Trust serves a population of around 365,000 across South Cumbria and North Lancashire. The Trust operates from three main hospital sites: Furness General Hospital in Barrow, Royal Lancaster Infirmary in Lancaster and Westmorland General Hospital in Kendal. In addition, it provides outpatient services at Queen Victoria Hospital in Morecambe, Ulverston Community Health Centre, and in a range of community facilities. The Trust has a total of 933 beds spread across the following core services:

- 382 Medical beds
- 347 Surgical beds
- 102 Children's beds
- 87 Maternity beds
- 15 Critical Care beds

The trust employs more than 5,000 staff and has a total income of £324 million.[1,2] In recent years the Trust has been on a significant improvement journey, having been placed in special measures in 2014. In its most recent Care Quality Commission (CQC) inspection in 2016, the Trust was rated as 'good', with the Chief Inspector of Hospitals Professor Sir Mike Richards describing the Trust's progress as a 'truly remarkable turnaround'.[3]

It was in the period of the Trust's improvement journey that the decision was taken to begin to mechanise assurance. It had been identified within the Trust that improved data collection, business intelligence and analysis was required. Historically a Trust-wide approach had been undertaken , rather than a site-based approach basis. The Trust is based across five main sites with relatively large geographical distances between them, this did lead to variations and cultural differences between the sites, and it was accepted that had there been a more sophisticated way of analysing data this may have helped to avoid some of the failings that had taken place. Indeed, the CQC report published in June 2014 found that *'patient safety information was not accurately maintained on the wards and departments; this resulted in unreliable local performance data and metrics. Consequently assurances taken from this information may not have been robust.'* [4]

Over the past three to four years, therefore, the Trust has been working to make its data and assurance systems more sophisticated, in order to identify and manage 'hotspots' more effectively, and as part of this are now looking to automate these systems as much as possible. The Trust has therefore implemented a range of mechanised systems which work in conjunction together, including the mechanisation of assurance. This fits into a piece of work undertaken on developing a data warehouse: a place where all of the organisation's data can be held, qualified and assured, and extracted. In parallel, the business intelligence team are working on a Sherlock system, which, when it is has been fully developed, will be used to interrogate the data warehouse. Whereas the organisation has in the past relied on extracting data manually, the mechanisation of this will allow for much quicker and more sophisticated access to reports. The Trust is most interested in being able to analyse trends and track trajectories to identify deviation form expected outcomes and take corrective action before patient outcomes deteriorate.

The approach the Trust is working towards is that mechanised systems[5] will be implemented comprehensively across the Trust and that each division should be sighted on their operational performance and managing any risks arising from this, for example related to workforce, patient experience, patient safety, and finance. With a range of commissioner requirements to report on in addition to regulatory requirements, the mechanised system allows for reporting of this range of requirements. At executive level, the system allows for aggregation and oversight of any problem areas. At board level, the data is also aggregated and reported.

1. https://www.uhmb.nhs.uk/hospitals/
2. CQC, University Hospitals of Morecambe Bay NHS Foundation Trust, Quality report, February 2017
3. http://www.bbc.co.uk/news/uk-england-cumbria-38918529
4. CCQ, University Hospitals of Morecambe Bay NHS Foundation Trust, Quality report, June 2014
5. HealthAssure www.allocatesoftware.co.uk/HealthAssure/

In order to implement the system successfully, the Trust has made sure to put effort into staff engagement to show staff that the Executive is working with them, and to ensure that the system works for staff, not the other way round, freeing up manpower and allowing staff to use their time more efficiently. We were told that an important factor in ensuring the mechanisation was implemented successfully was making sure the Trust was getting the right people on board to work with the systems, as in the past there had been lots of different people asking for and using different information, but no co-ordination. The new processes are clinically led and are therefore integrating this and providing more streamlined data and assurance.

Changing the processes involved in data and assurance did have its challenges, including making sure that the system has been designed to fit the majority of staff's requirements, for example that the data is being understood by everyone and that there is therefore 'one version of the truth'. In addition, as there is a lot of work going on throughout the organisation to improve the use of information technology, such as electronic patient records, there are competing priorities and it can be difficult to devote the amount of development time needed for the significant work to deliver efficiencies.

However, the workstreams of mechanising and automating assurance are clearly bringing achievements for the organisation, facilitating its focus on having 'one source of truth', and the delivery of the CQC's action to ensure data was accurate. We were told that now the Trust is able to efficiently analyse data it therefore has a better sense of 'dark spots' and can see the risk profile 'nearly instantaneously.' It is also easier to get a rich picture of, for example, complaints, and if trends are arising, to get information more quickly and deploy resource or take corrective measures.

These achievements are perhaps enabled in part by the ownership of the change in processes throughout the organisation. Reports and dashboards are monitored at divisional meetings, at corporate level, and at sub-board and board meetings.

'it works at all levels and has relevance to everybody… it can't be one [level] more than the other'

As the Trust is still extracting some data manually, we were told that the work is still in progress. However, as the Trust continues to progress, it is making the investment to get as much of the process automated as possible, to create even further efficiencies and improvements.

With thanks to Mary Aubrey, Director of Governance and Paul Jones, Board Secretary, at University Hospitals of Morecambe Bay NHS Foundation Trust for their support in the production of this case study.

NHS
University Hospitals of Morecambe Bay
NHS Foundation Trust

WWW.GOOD-GOVERNANCE.ORG.UK

ALLOCATE